SFUND RECORDS CTR 999000470 vised December 1974 STATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH PRODUCER OF WASTE (Must be filled by HAULER OF WASTE (Must be filled by hauler) Name (print or type): SUDATION Industrial Pum Business Address: 2501 W. Manchester Ave Pick up Address:\_ 778-7542 Pick Up: P.O. or Contract No. 483 Order Placed By: State Liquid Waste Hauler's Registration No. (if applicable): ype of Process No. of Loads or Trips:\_ Unit No which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling--Code No OC barrels. | flatbed. | other Vehicle: wastewater treatment, pickling bath, petroleum refining) The described waste was hould by me to the disposal DESCRIPTION OF WASTE (Must be filled by producer) facility named below and was accepted. I certify (or declare) under penalty of perjury that the foregoing to true and correct. Check type of wastes: 1. Acid solution 8. D Tank bottom sediment 9. 5 011 2. Alkaline solution 3. D Pasticidas 10. Drilling and D' Paint sludge 11. [] Contaginated soil and say (A Solvent 12. Connery waste Tetracthyl lead sludge 13. Of haten waste 14. B hud and water ionterey Park, Calif. 91754 Chemical toilet wastes 15. D Brine The haule: apove delivered the described waste to this disposal facility and Other (Specify) it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions. Quantity measured at site (if applicable): (Examples: Mydrochioric acid, lime, caustic sode, Concentration: phenolics, solvents (list), metals (list), Handling Method(s): organics (list), cyantda) \_\_\_ recovery \_\_\_\_\_treatment (specify): (Fxumples: incineration, reutralization, precipitation)-Code No. disposal (specify): | other (specify): If weste is held for disposal elsowhere sp Disposal Date: I certify (or declare) under penalty of perjury that the foregoing is true and correct. COTTOSI Ve | toric | flammable The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. (42 gal) Daolid Stiquid Physical State: Special Mendling Instructions (if any): The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable) FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING

Signature of authorized agent and title

HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

I certify (or declare) under penalty

of perjury that the foregoing is true

and correct.